



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
**DISTRICT GRANT APPLICATION FORM**

DISTRICT NAME	MAILING ADDRESS	CITY/STATE/ZIP
PHONE	FAX	E-MAIL
<b>FISCAL YEAR INFORMATION</b>		
Submission number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		Fiscal Year:
1. Region Identification Letter (A-T)	2. Number of projects this submission	
3. District chairperson's name		
4. Total Grant Request (Column 4 of Project Request Summary)	+\$	
5. Total District Carryover Request (Column 5 of Project Request Summary)	-\$	
6. Total Interest Income Request (Column 6 of Project Request Summary)	-\$	
7. Total Program Income Request (Column 7 of Project Request Summary)	-\$	
8. Amount of <b>FISCAL YEAR 20__</b> DNR Allocation Requests (Column 8 of Project Request Summary)	=\$	
<b>I hereby certify that the district executive board has evaluated and ranked applications according to established state and district requirements (attach aggregate ranking). I hereby certify that the information provided in the application(s) is true and correct and conforms to all state and department of natural resources, solid waste management program requirements.</b>		
District Chairperson Signature _____ Date _____		
<b>DEPARTMENT USE ONLY</b>		
Most recent district audit report provided to the department (180 days following end of fiscal year.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Financial statement audit for the period ending:		
Return this form to:  Missouri Department of Natural Resources Solid Waste Management Program P.O. Box 176 Jefferson City, MO 65102-0176		